

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Masashi EGUCHI

Serial No: 09/548,024

Confirmation No: 5398

Filed: April 12, 2000

For: Network Facsimile Device and Communication Method  
Therefor

Art Unit: 2626

Examiner: M. E. Wallerson

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:  
Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450, on  
November 30, 2005  
Date of Deposit  
Juanita Soberanis  
Name  
*Juanita Soberanis* 11/30/2005  
Signature Date

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following:

- ☒ Amendment.  
☒ Return postcard.

The fee has been calculated as shown below:

the fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	21	-	20 **	1	LG=\$50 SM=\$25	\$50	\$ 50
INDEPENDENT CLAIMS FEE	2	-	3 ***	0	LG=\$200 SM=\$100	\$200	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS		\$ 0	
Independent Claims: 1 and 14							TOTAL \$ 50

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$\_\_\_ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$\_\_\_ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge \$50 for the additional claims fee to Deposit Account No. 50-1314. The Commissioner is authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

Date: November 30, 2005

By: *Troy M Schmelzer*

Troy M Schmelzer  
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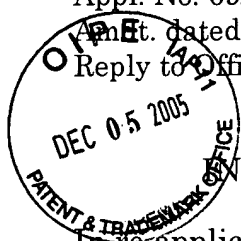
Appl. No. 09/548,024

Atty. Ref. 81800.0121

Amended, dated November 30, 2005

Customer No. 26021

Reply to Office Action of September 20, 2005



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**AMENDMENT**

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November 30, 2005

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Juanita Soberanis

Name

*Juanita Soberanis* 11/30/2005

Signature

Date

Dear Sir:

In response to the Office Action dated September 20, 2005, please amend this  
application as follows:

**Amendments to the Claims** are reflected in the listing of claims that  
begins on page 2 of this paper.

**Remarks/Arguments** begin on page 6 of this paper.